SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bay Egid County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 Date Stamp (Received)

APR 01 2015 APPLICATION FOR PERMIT Bayfield Co. Zoning Dept APR 01 2015 THICKE Permit #: Refund: Date: Amount Paid:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS MAVE REFN 16

		וופע ע ועו ואטעמוונ	Ran'n for less		☐ Municipal Use			Commercial Use				Residential Use	•		Proposed Use		Proposed Construction:	it (1) King					Τ	* 10000 II	* include donated time & material	Value at Time	■ Non-Shoreland	snoreiana		Section 34	1/4,		PROJECT	Authorized Agent: (Person Signing Application on behalf of Owner(s))		Address of Property:	Mack	Owner's Name:
	Con		2		□ Acc	AL INIO	-	se				0	-	Prin			inn:	it were I cal		Property	Run a Rusiness	Conversion	Addition/Alteration	New Construction	Project			☐ Is Property/Land	☐ Is Property/Land Creek or Landward	, Township	1/4		Legal Description:	on Signing Application o	1	E/m	622	// .
Other: (explain)	Conditional Use: (explain)	Special Use: (explain)	Control of the contro	>	Accessory Building (specify)	Addition (Alteration (specify)	Bunkhouse w/ (☐ sanitary, or	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	Principal Structure (first structure on property)			- 1 -	lan Eni			on No Basement				# of Stories and/or basement			☐ Is Property/Land within 1000 feet of Lake,	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue	SIIIN, Range Cb		#fs	(Use Tax Statement) P					
				n/Alteration (specify)		in date)	or \square sleeping quarters, or \square cooking & food prep facilities)	Garage		mangleton de companya manana mana	ት የ	The second secon	ille silden, etc.)	tructure on property)	Proposed Structure		Length:	E			4		┼		nt Use			Pond or Flowage If yescontinue	Stream (incl. Intermittent) If yes-continue	W lown or:	ŧ .	CSM Vol & Page	PIN: (23 digits)	Agent Phone:	ļ	Contractor Phone:	2271081	Maning Address.
	and the second s		1		1000	★000 5	or □ cooking &								re						None	ω	72	1 <u></u>	of bedrooms	#	**************************************	Distance Structure	Distance Structure	Bell	16-18	Lot(s) No.		agent Mailing Add		PIA L	n Ca	- Luly
			A THE PARTY OF THE				food prep facilitie							the state of the s				n	□ None		Portable (w/service con	☐ Sanitary (Exists)	1	<i>y</i> 1	Sew Is			cture is from Shoreline :	is from		\	Block(s) No.		Agent Mailing Address (include City/State/Zip):		11 55	1000cop	City/state/zip:
				_ -		_ _	(5)	-			(_	_	_				1.		oilet	롤. 🛮	_ <u> \$</u>	<i>-</i> I		er/San on the	What		eline : feet	Shoreline :	Fot Size	1. Major	Volume Subdivision:	Record	state/Zip		8	V.A	
×	X)	×		×	X 07	20	× ×			×)	×)	× :	×	××	Dimensions	O	He got	La inht			e contract)	Specify Type:	Specify Type:		Sewer/Sanitary System Is on the property?	What Type of	:	☐ Yes	Is Property in Floodplain Zone?		Ho		led Document: (i.e.	Atta) / 2/8.	Cell 7/	
						2360					_			and described to the second state of the secon	Square Footage	6	4	77 7/		, and the second	8011011)	gallon)	Well	a City	Water			□ Yes	Are	Acreage #	and sharp	Page(s)	Recorded Document: (i.e. Property Ownership)	Written Authorization Attached Ves No		218-235-3922 Plumber Phone:	7/5-74/2-327.	phone:

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Date

Date

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Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

must sign or letter(s) of authorization must accompany this application)

Address to send permit

Owner(s):

(If there are Multip

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Rayfield County
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PO Box 58
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BAYFIELD COUNTY, WISCONSIN

Date State | PR 01 2015

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ENTERED Permit #: Refund: Amount Paid: 表

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Bayfield Co. Zoning Dept.

☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	Section 34 , Township 5 N, Range 6 W	1/4,1/4 Gov't Lot Lot(s) CSM	LOCATION Legal Description: (Use Tax Statement) 04-	PIN: (23 digits)		Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone:	Cop	Address of Property; (City/State/Zip: (PCA) (PCA)	PACK 40221 22-	TYPE OF PERMIT REQUESTED TO LAND USE SANITARY BRIVEY Owner's Name: Mailing Address:	PERMITS HAVE BEEN I
	Town of:	Vol & Page	010 25/06 34/00 209 052 00	ligits)	1		Contractor Phone: Plumber:	State/Zip:	22710 Elm st Cornucepia in		
Distance Structure is from Shoreline :		Lot(s) No. Bloc	00 JOS 057	(ie	1	Agent Mailing Address (include City/State/Zip):	ler:	101,50	of Con	City/State/Zip:	
from Shoreline : feet	Lot Size	Block(s) No. Subdivision:	Lao Volume _	Recorded	and the same of th	lude City/State/Zip):			COPIA U	D: SPECIAL USE	
Is Property in Floodplain Zone?	Acreage ,45	0 1	Page(s)	Recorded Document: (i.e. Property Ownership)	Attached □ Yes □ No	Written.	Plumber Phone:	-81B		Telephone:	
Are Wetlands Present?	ts ,	Curnucapia)(s)	perty Ownership)	No No	Written Authorization	Phone:	218-235-316	715-742 32 72	lephone:	\T.

\$(c) \ \int \ \text{Addition/Alteration} \	Value at Time of Completion Project # of Stories and/or basement Use material # bedrooms What Type of Sewer/Sanitary System Water water * include donated time & material and/or basement Use bedrooms bedrooms Is on the property? Water * New Construction ★ New Construction ★ 1-Story □ Seasonal □ 1 ★ Municipal/City □ City	Creek or Landward side of Floodplain? If yes—continue → Creek or Landward side of Floodplain? If yes—continue → Creek or Landward side of Floodplain? Present? Floodplain Zone? Present? Shorreland → □ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue → Creek or Landward side of Floodplain Zone? Present? □ Yes □ Yes □ No □ N	liver, Stream (Incl. Intermittent) Distance Structure is from Shoreline:
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Proposed Use	<	Proposed Structure	Dimensions	Square Footage
	×	Principal Structure (first structure on property)	(24×3	900 ()
		Residence (i.e. cabin, hunting shack, etc.)	(×	9
		with Loft	×	_
X Residential Use		with a Porch	×	
		with (2 nd) Porch	(×	
1		with a Deck	(×	
		with (2 nd) Deck	×	
Commercial Use		with Attached Garage	×	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	×)
		Mobile Home (manufactured date)	×	_
		Addition/Alteration (specify)	×	
Municipal Use		Accessory Building (specify)	×	
	-	Accessory Building Addition/Alteration (specify)	×	
Rec'd for Issuance				
5		Special Use: (explain)	×)
3		Conditional Use: (explain)	×	
Constantal Ctati		Other: (explain)	×	

I (we) declare that this application (incliam (are) responsible for the detail and a may be a result of Bayfield County rely above described property at any reflicion. FO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES invito matching to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) marken I (we) and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which which will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which which we have access to the county of first and the providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the (

Authorized Agent:

Address to send permit

Owner(s):

(If there are Multiple

(If you are signing on of the owner(s) a letter of authorization must accompany this application)

must sign or letter(s) of authorization must accompany this application)

Date

Date

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3 Z Town	Inspection Record: Inspection Record: Date of Inspection:	Variar lo Was	Is Parcel a Sub-St Parcel in Common Is Structure Non-C	Issuance Informa Permit Denied (Date): Permit #: /	(9)	Privy cement of surveyed surveyed surveyed	Septic Drain I	om the	m the	-	Œ	3	mistra september sep	Servi	ng Wisco	nsin's Fi	nest 🔅		
ં ં ે િ છે.		Was Parcel Lega	Is Parcel a Sub-Standard Lot 'arcel in Common Ownership Is Structure Non-Conforming	ormation Date):	Stak	(Porta	Septic Tank Drain Field	Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line	Estal Nort	De	Yes			Hulor	7	E	,	_	
	(5.3)	Legal	Idard (wnersh wnermi		e or N	ible, Cuction or ror mari	or Hc	h Lot I	olishe blishe	Description)acks:	3						(
E S of B	334	Was Parced Legally Created		ount	Mark I OTICE mstruc	ompo f a struct ked by a ker prev her prev	Tank or Holding Tank Seld	line ine	d Righ	on l	(meta						2, 1		
and Co		ited #	□ Yes	Issuance Information (County Use Only) Permit Denied (Date): Permit# / 【	All La	Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the minimum redither previously surveyed corner or marked by a licensed surveyor at the owner's expense of the placement or construction of a structure more than ten (10) feet but less than one previously surveyed corner to the other previously surveyed corner, or verifiable by the marked by a licensed surveyor at the owner's expense.	Tank		Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback from the North Lot Line		Setbacks: (measured to the closest point)	,		2		1	r (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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e atta	4	Previously Granted by V ☐ Yes ☐ No Were Property Lines	Mitigation Required Mitigation Attached		itake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The local Town, Village, City, State or Federal agencies may also require permits.	idary line from which the setback must be measured must be setback must be measured must be should be measured must be should be setback, the boundary line from which the corrected compass from a known corner within 500 feet of the state of the setback state.	Well	Setback from Wetland 20% Slope Area on property Elevation of Floodplain	Setback from the Lake (ordinary high-wate Setback from the River, Stream, Creek Setback from the Bank or Bluff	-		\overline{C}		:					······································
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ह	Zaning District Lakes Classifica Date of Re-Ins	** Yes	avit Re	Jointal y Date.	E). Prix egun. wellin	visible from one prev setback must be mea e proposed site of th			mark)			Heb.							
	strict ssificat		Affidavit Required Affidavit Attached	Date.	y (P),	be meas						- N							
5	Date of Re-Inspection:		2.50 2.50 2.50 2.50		and V	iously su iured mu		Yes		Mes	-	4	1		}		· [I MA	
8			□ Yes		Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	Setback to Privy (Portable, Composting) Feet Fror to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner to marked by a licensed surveyor at the owner's expense. The placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be masked by a licensed surveyor at the owner's expense.				Measurement	3 & Zoning Dept.	+	1		1	Ì			
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Hold For Sanitary:

Hold For TBA:

Hold For Affidavit:

Hold For Fees:

Date of Approval:

Signature of Inspector: